

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R H		6/28
O.I.P.E. CLASSIFIER	M	JCGT	08/16/70
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
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17	✓
18	✓✓
19	N N
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21	
22	✓
23	N N
24	✓✓
25	✓
26	✓✓
27	N N
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29	✓
30	N N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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